ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)		For Court Use Only
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	, , ,	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO		
☐ UKIAH Courthouse 100 North State Street Ukiah, CA 95482	☐ TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
Conservatorship of:		
PETITIONER:		
PETITION TO REMOVE CONSERVATOR PERSON ESTATE LIMITED CONSERVATORSHIP		Case Number:
I (my name),	, declare:	
I am: the Conservator of the Limited Conservatorship of	Person Estate	Other:
I am petitioning the Court to remove (name)entitled Conservatee for the following reasons:		as Conservator for the above
		-
Check here if you need more space. Attach a separate piece of paper and write "Petition to Remove Conservator – Additional Information" for the title.		
I declare, under penalty of perjury u and correct to my own knowledge.	nder the laws of the State of Califo	rnia, that the foregoing is true
Today's Date Print Name	Petitioner's Sig	nature